



*Georgia Baptist College
Georgia Baptist Theological Seminary
Modules*

Registration Form

Personal Information

Name _____ Sex _____

Home Address _____

City _____ State _____ Zip _____

Email _____

Phone (____) _____ Date of Birth _____

Social Security No. _____ Citizenship _____

Place of Birth _____ Age _____

Church Information

Church Name _____ Pastor _____

Church Address _____

City: _____ State _____ Zip _____ Church Phone _____

Attending Information

Attending for: Credit Audit

Module attending: _____

Payment Information

Amount Paid \$ _____

Received by _____

How Paid Cash

Check # _____